

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-04-6342.M5**

MDR Tracking Number: M5-04-1700-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 10-09-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The Ambien, Carisoprodol, Hydrocodone, Buspirone, and Duragesic 50 mcg were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 05/28/03 through 07/19/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 23<sup>rd</sup> April 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

PR/pr

April 19, 2004

MDR Tracking Number: M5-04-1700-01  
IRO Certificate # 5259

An independent review of the above-referenced case has been completed by a medical physician board certified in neurology. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_\_.

#### CLINICAL HISTORY

A female injured at 40 years of age when either scrubbing overhead racks or painting overhead. Initial pain was in neck and shoulder regions. Pain apparently spread rather diffusely. A very long course ensued. The patient ultimately, through her worker's compensation course, wound up having approved and performed bilateral carpal tunnel release, bilateral ulnar nerve decompression, and anterior lumbar interbody fusion with cages at L4-5 and L5-S1. She has had cervical discography with report of "discogenic disruption" at multiple levels. She had multiple invasive procedures performed throughout this worker's compensation course.

REQUESTED SERVICE (S)

Ambien, Carisoprodol, Hydrocodone, Buspirone, Duragesic 50 mcg.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

This patient clearly has a significant chronic pain syndrome as evidenced by her voluminous medical records. It is the opinion of this reviewer that, whether or not these surgeries were performed, as opined by some reviewers, for “natural disease of life,” that these procedures have in fact been performed in the approved course of her worker’s compensation injury of \_\_\_\_\_. The claimant’s pain syndrome has, therefore, been incurred directly due to her worker’s compensation injury of \_\_\_\_\_. This pain syndrome would, in medical probability, likely not have occurred without the intervention of this worker’s compensation injury and subsequent approved procedures directed toward this injury. These medications are all valid medications used in treating chronic pain syndromes when used under properly monitored medical conditions.